

Winter planning - escalation for emergency services (summary).

To complement the winter plans for individual organisations and the integrated one for the whole health and social care economy in Portsmouth and South East Hampshire we have agreed that four priority schemes should be developed and implemented with immediate effect.

The first is operational now the second being developed and the third will be implemented within days of the first one.

1. Accelerated Discharge hospital “in-reach”

Each of the 3 PCTs have identified an intermediate care nurse (DN) who will

- Act as an additional referral point for intermediate care and discharge
- Actively seek out “stuck” patients and facilitate fast track assessments and discharge arrangements
- Trigger the use of other in-reach discharge resources such as colleagues on intermediate care wards
- Be able to place patients directly where appropriate in their own intermediate care facilities and access community facilities in a timely way
- Link directly with Social services colleagues over funding
- Keep an updated list of their PCT intermediate care facilities and actively promote this, acting as a contact point for hospital staff where necessary
- Supplement and promote current discharge planning arrangements without undermining or replacing them but will ensure that arrangements are timely and effective
- Address NHS follow up requirements in their localities.

Accountability : the 3 nurses will work with the current primary care and social services discharge planning team, but in addition they will work together with the PIAD development manager as part of a specialist intermediate care access resource. The 3 nurses will be based mostly in the hospital and will attend weekly proactive discharge planning meetings. They will remain professionally and contractually accountable to the senior intermediate care nurse managers in their own organisations. One of the 3 will act as a co-ordinator in order to ease communications for colleagues. PHT will need to confirm contact and communication links within the hospital :

	Portsmouth City PCT	Fareham & Gosport PCT	East Hants PCT
IAD Development Manager Contactable on	Tony Warnes	Tony Warnes	Tony Warnes
Intermediate care nurse : Contactable on	Amanda Buckley	Christine Joice	Carol Broom
Manager Contactable on	Jackie Chalwin	Julie R	Jill Angus

Costs : 3 x replacement DNs, admin support, additional care packages (TBC)

2. Admission Avoidance

Following CAT facilitated evaluation to be arranged for December each PCT to accelerate assessment and intermediate care schemes to be at least partially operational by January 2004. These are likely to be as follows

- **PC PCT** - doubling of intermediate care beds capacity from current 12 in RU and co-location of RU, RRT, Rehabilitation and Day Hospital services.
- **All PCTs** – expansion of RRT, CE, and other intermediate care / assessment schemes. plus development of community physician/geriatrician schemes. Expansion of care packages funding.
- **MAU/A&E** - further process redesign following bed audit.

Costs: CAT event (free but some backfill); i/c beds development in PC tbc but approx £200K capital and revenue combined. All PCTs initiatives for i/c and care packages etc unknown at present. but unlikely to be less than £100k per PCT

3. Review of priorities in OT services.

Likely to need external resource to do this - request to CAT – need to be completed and action plan implemented quickly..

4. A&E/MAU access and pathway review

Following CAT report and comparisons with elsewhere there is a need to urgently review and if necessary revise these pathways to minimise numbers of patients waiting at home for emergency admissions and delaying ambulances. The bed audit being conducted in mid November should inform this work.

Costs: audit and backfill initially (TBC)

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